

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10 529117

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2	1					
3		1				
4	1					
5		1				
6		1				
7		1				
8		1				
9				2		
10		3		1		
11	1					
12		1		2		
13		1				
14		1				
15		0				
16		0				
17		0				
18		0	1			
19		0		1		
20		0	1			
21		0		1		
22		0				
23		0				
24		0				
25		0				
26		0				
27		0				
28	1					
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30		0				
31	1					
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48						
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50						
TOTAL IND.		↓	3	↓		↓
TOTAL DEP.		←	21	←		←
TOTAL CLAIMS			24			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						